

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. number:

#

05/28/2014

Date qualified as committee

Date qualified as committee
(if applicable)

☒ Termination -- See Part 5

List I.D. number:

1366861

12/09/2014

Date of Termination

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

DEC 12 2014

Date Stamp

CALIFORNIA
FORM 410

For Official Use Only

City Clerk's Office

JAN 07 2015

RECEIVED

1. Committee Information

NAME OF COMMITTEE

Rajeev Madnawat for City Council 2014

STREET ADDRESS (NO P.O. BOX)

1578 Centre Pointe Drive

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Milpitas

CA 95035

(408)802-0933

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

408-2280501 rajeevx@gmail.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Santa Clara

Milpitas

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Rajeev Madnawat

STREET ADDRESS (NO P.O. BOX)

1578 Centre Pointe Drive

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Milpitas

CA 95035

(408)802-0933

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Rajeev Madnawat

STREET ADDRESS (NO P.O. BOX)

1578 Centre Pointe Drive

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Milpitas

CA 95035

(408)802-0933

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

12/09/2014

DATE

By

Rajeev Madnawat

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

12/09/2014

DATE

By

Rajeev Madnawat

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 2

COMMITTEE NAME

Rajeev Madnawat for City Council 2014

I.D. NUMBER

1366861

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
US Bank		157500238496
ADDRESS	CITY	STATE ZIP CODE
100 N Milpitas Blvd #100	Milpitas	CA 95035

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Rajeev Kumar Madnawat	Member Milpitas City Council	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 3

I.D. NUMBER

1366861

COMMITTEE NAME

Rajeev Madnawat for City Council 2014

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

☐

_____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.